

VALDEZ MEDICAL CLINIC

Exhibit

[Handwritten Signature]

Patient Name	11/2/04	Gredit, Gary J.
Subjective	Patient with pain that runs down left arm. Back pain 1 year ago received muscle relaxers Negative PPD this year. 729.2 Nervalgia, radiculitis 7242 Low back pain Patient is not to his job due to this point in terms of working on ship. Because of the scoliotic lesion at L2 I have recommended that he get the MRI of his spine earlier than is usual. 11/20/2000	
Past hx		
Family Hx	None	
Meds	None	
Habits	SMOKER AT 1/2 PPD	
Codeine	None	
Allergies		
Obstructive		
A/P	Mild cervical radiculopathy MRI when patient off work	

While - Employee/Applicant take to clinic (2) Yellow - Homeport Marine Ops (3) Pink - Sr. Administrator - Jack逊ville-HR

[SEE BACK OF FORM FOR INSTRUCTIONS](#)

[Form to be completed by Supervisor/Master/HR or ESQA Rep.]

CLINIC REFERRAL FORM

CROWLEY



SEE BACK OF FORM FOR IMPORTANT BILLING AND DRUG TESTING INSTRUCTIONS					
REFERRER NAME:		DOB:	JOB TITLE:	SSN#:	WORK LOCATION:
EXAM DATE/TIME: <i>Crowley Referral</i>					
EXAM/SERVICE EXAMINATION (OSHA)- (First time) AUDIOTRANSMISSION (A) PHYSICAL-PRE-EMPLOYMENT (B)- BENZENE EXAM-BASELINE (First time) PHYSICAL-EMPLOYMENT (B)- HEPB Shots BENZENE EXAM-ANNUAL HEPATITIS B VACCINATION-SHOT# TETANUS SHOT OTHER (Describe) REASON FOR DRUG/ALCOHOL TEST POST ACCIDENT/SERIOUS MARINE INCIDENT BREATH ALCOHOL TEST-FORENSIC- (NON-DOT) PRE-EMPLOYMENT PRE-ACCESS BREATH ALCOHOL TEST-FEDERAL- (DOT) RANDOM REASONABLE SUSPICION/CAUSE DRUG SCREEN-FEDERAL- (DOT) RETURN TO DUTY (5 Panel)- (Vessel pre-employment, Pre-access, Admin reassignment, (FHWA & USC-G Post Accident, Reasonable suspicion/cause only) DRUG SCREEN-FEDERAL- (DOT) OTHER- Periodic, MRO follow-up, DOD, etc (5 Panel Only)- (Admin pre-employment, Pre-access, DOD) INJURY/ILLNESS FIR FOR DUTY (Follow-up)- Work Related Injury/Illness FIR FOR DUTY-Non-Work Related Injury/Illness SPECIAL INSTRUCTIONS/COMMENTS: <i>Exhibit</i>					
PHONE NO:		DATE: <i>1/12/04</i>		REFERRER BY (Print Name):	

[Form to be completed by Supervisor/Master/HR or ESGA Rep.]

CLINIC REFERRAL FORM

CROWLEY



DV Screening Yes No

Exhibit

Chief Complaint (From History)

11-1-34

Valided Regional Health Authority, Inc.

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